1.0 PURPOSE

The purpose of the policy is to describe the requirements for the development, implementation, and evaluation of a Clinical Quality Management Plan (CQMP) at the Division of Acquired Immunodeficiency Syndrome (DAIDS) funded and/or sponsored clinical research sites conducting clinical trials.

2.0 SCOPE

This policy applies to clinical research sites conducting DAIDS funded and/or sponsored clinical trials.

3.0 BACKGROUND

Quality Management (QM) is part of a system of oversight required for the conduct of DAIDS funded and/or sponsored clinical trials. QM activities will allow planning for effective protocol implementation, assure compliance with sponsor requirements, identify areas in need of corrective action, verify the accuracy of data, and assure a constant state of readiness for an external audit or monitoring visit.

A QM system includes both Quality Control (QC) and Quality Assurance (QA). QC is the real time, on-going (day-to-day) operational techniques and activities undertaken to verify the requirements for quality trial-related activities. QA is a periodic, systematic, objective review of trial-related activities to ensure that the trial is performed and the data are generated, documented and reported in compliance with Good Clinical Practice (GCP) and any applicable regulatory requirements.

The development and implementation of a CQMP that addresses key aspects of clinical research activities will help ensure that the rights and safety of participants are protected and that data collected are accurate and complete.

A CQMP should be easy to implement and able to meet the specific needs of a clinical research site.

4.0 DEFINITIONS

For additional definitions see DAIDS glossary.

5.0 RESPONSIBILITIES

The overall responsibility for the development, implementation and evaluation of a CQMP resides with the Principal Investigator (PI) for the clinical research site or a designee.

6.0 POLICY

DAIDS clinical research sites conducting clinical trials are required to develop, implement, and evaluate a CQMP. At its discretion, DAIDS has the option to review and approve the CQMP prior to its implementation. The clinical research site may be required to submit revisions of the CQMP to DAIDS.

6.1. The CQMP should include the following basic elements:

6.1.1. Clearly designated responsibility

6.1.1.1. The person(s) responsible for the development, implementation, and evaluation of the CQMP

6.1.2. Quality Management (QM) Activities

6.1.2.1. Quality Control (QC) This component defines the scope (number and type) of the operational activities performed. During the conduct of ongoing day to day activities, staff should be verifying that the requirements for quality of the trial related activities have been fulfilled. Example: QC is typically performed on 100% of Case Report Forms (CRFs) prior to entry into the database and on other trial related forms.

6.1.2.2. Quality Assurance (QA) This component defines the frequency of review for each type of research record during a defined period of time. For example, staff may evaluate key components of source documentation and compare them to completed CRFs for agreement weekly and/or track informed consent forms through out the entire informed consent process.

6.1.2.3. The clinical research site must set a minimum percent of records for QA review in the CQMP based on, but not limited to, high risk protocols, higher accruing protocols, initial enrollments in new

protocols, and protocol visits conducted by new or less experienced staff members. DAIDS may set a minimum required percent of records for QA review for a particular study or site.

6.1.3. Key Indicators

6.1.3.1. At a minimum, and in compliance with Standard Operating Procedures (SOPs), the following key indicators will be reviewed for clinical trials that require these components:

6.1.3.1.1. Informed consent form and process

6.1.3.1.2. Eligibility criteria

6.1.3.1.3. Scheduled tests and procedures

6.1.3.1.4. Missed visits, tests, or procedures

6.1.3.1.5. Concomitant/prohibited medications

6.1.3.1.6. Study product administration/dosing

6.1.3.1.7. Clinical endpoint identification

6.1.3.1.8. Identification and reporting of Serious Adverse Events (SAE), DAIDS Expedited Adverse Events (EAE) and Adverse Events (AE)

6.1.4. The plan will describe what QA and QC activities will be performed to ensure that the contents of regulatory files are complete and up to date.

6.1.5. The plan will describe what types of "tools" or checklists will be used in the QA and QC processes. Examples may include, but are not limited to, the following: visit reminder checklists; data entry, query and error reports from the data management center; clinical site monitoring reports; chart review tools.

6.1.6. Documentation

6.1.6.1. The plan will describe how the QM activities will be documented.

6.1.6.2. Documentation should include the following:

6.1.6.2.1. Name of the reviewer
6.1.6.2.2. Date of the review
6.1.6.2.3. Participant identification numbers of items reviewed where indicated
6.1.6.2.4. Specific items that were reviewed
6.1.6.2.5. Time period covered by the review
6.1.6.2.6. Findings/results of review

6.1.7. Evaluation

6.1.7.1. The CQMP will describe how and how frequently QC and QA activities will be evaluated and communicated to appropriate staff. Summary of Activities Reports will include identification of problems, identification of possible causes, and any corrective actions taken.

6.1.7.2. The CQMP will describe how the findings from annual CQMP review, or more frequently as needed, are evaluated and communicated to appropriate staff. Annual Summary Review Reports will include identification of problems, identification of possible causes, and any corrective actions taken.

6.1.7.3. DAIDS will routinely evaluate implementation of the CQMP through site monitoring visits.

6.1.8. Reporting

6.1.8.1. QM findings must be reported to DAIDS per established DAIDS and or protocol requirements.

6.1.8.2. On an annual basis, clinical research sites must prepare an evaluation of the CQMP and related activities to be submitted to

DAIDS utilizing the DAIDS specified format, e.g. Type 5 grant progress report.

7.0 REFERENCE

International Conference on Harmonisation Guidance for Industry, E6 Good Clinical Practice: Consolidated Guideline
http://www.fda.gov/oc/gcp/guidance.html

8.0 INQUIRIES

Questions and comments regarding this policy may be directed to the OPCRO Policy Group at: NIAIDOPCROPOLICYGROUP@mail.nih.gov

9.0 AVAILABILITY

This policy is available electronically at the following URL:
http://www3.niaid.nih.gov/research/resources/DAIDSClinRsrch/Default.htm

The signed original is maintained in the OPCRO policy office

10.0 CHANGE SUMMARY

Version #	Date	Replaces	Date of Revision	Rationale for Revision/Retirement
2.0	20 DEC 06	V 1.0	20 DEC 06	DAIDS Final Review
1.0	14 JULY 06	N/A	N/A	N/A

11.0 APPENDICES

Appendix 1 - Sample Clinical Quality Management Plan (CQMP)

Appendix 2 - Sample Clinical Quality Management Chart Review Tool

Appendix 3 - Sample Clinical Quality Management Regulatory File Review Tool

Appendix 4 - Sample Clinical Quality Management Summary of Activities Tool

Appendix 5 - Sample Clinical Quality Management Plan Annual Summary Report

12.0 APPROVAL

	Signature	Program/Branch	Date
Authorized By:			December 20, 2006
	Richard Hafner, MD Director	Office for Policy in Clinical Research Operations (OPCRO)	